Initial Application Date: 4/18/17	Application # 17-50042093
	CL##
COUNTY OF HARNETT RESIDENTIAL LAND USE Central Permitting 108 E. Front Street, Lillington, NC 27546 Phone: (910) 893-7525 6	APPLICATION
"A RECORDED SURVEY MAP, RECORDED DEED (OR OFFER TO PURCHASE) & SITE PLAN ARE RE	
LANDOWNER: Deremy Williams Mailing Address: 59	3 Miller Road
City: Berson State X Zip: 2754 Contact No: 910-985	-0834 Email: yesodwill&200gmail.com
APPLICANT*: Mailing Address:	
City: State: Zip: Contact No: *Please fill out applicant information if different than landowner	
CONTACT NAME APPLYING IN OFFICE:	Phone #
PROPERTY LOCATION: Subdivision:	Lot #: Lot Size: ,95 kC
State Road # 1708 State Road Name: Miller Rd	Map Book & Page: 2019 281
Parcel: 021528-0124 PIN: 1528-59	-5031.000
Zoning A.30 Flood Zone: X Watershed: GLS Deed Book & Page: 2737 / 8	S Solvey Company*
*New structures with Progress Energy as service provider need to supply premise number	
PROPOSED USE:	1973 Dwelling
□ SFD: (Sizex) # Bedrooms: # Baths: Basement(w/wo bath): Garage:_	Dack: Craud Space: State: State:
(Is the bonus room finished? () yes () no w/ a closel? () yes	
D Most /Size v) # Podrooms # Posts	
☐ Mod: (Sizex) # Bedrooms # Baths Basement (w/wo bath) Garage: (Is the second floor finished? () yes () no Any other site built a	
☐ Manufactured Home:SWDWTW (Sizex) # Bedrooms: Garage	The hidden and the second
Williams Salation Sal	ge:(site built?) Deck:(site built?)
Duplex: (Sizex) No. Buildings: No. Bedrooms Per Unit:	
Home Occupation: # Rooms: Use: Hours of Operation	n:#Employees:
Addition/Accessory/Other: (Size 27 x 27) Use: above grand prod w	D DUMA Closets in addition? () yes () no
Water Supply: County Existing Well New Well (# of dwellings using well) *Must have operable water before final
Sewage Supply: New Septic Tank (Complete Checklist) Existing Septic Tank (Complete Checklist)	
Does owner of this tract of land, own land that contains a manufactured home within five hundred fee	t (500') of tract listed above? () yes (X) no
Does the property contain any easements whether underground or overhead () yes () no	
Structures (existing or proposed): Single family dwellings: Manufactured Homes:	Other (specify): PO
Required Residential Property Line Setbacks: Comments:	
Front Minimum Actual	
Rear	***************************************
Closest Side	

Nearest Building on same lot Residential Land Use Application

Sidestreet/corner lot_

SPECIFIC DIRECTIONS TO THE PROPERT	FROM LILLINGTON:
1	ordinances and laws of the State of North Carolina regulating such work and the specifications of plans submitted. gurate and correct to the best of my knowledge. Permit subject to revocation if false information is provided. 8-/8-/7 Date

^{***}It is the owner/applicants responsibility to provide the county with any applicable information about the subject property, including but not limited to: boundary information, house location, underground or overhead easements, etc. The county or its employees are not responsible for any incorrect or missing information that is contained within these applications.***

^{**}This application expires 6 months from the initial date if permits have not been issued**



MG#2010-281

NAME:	. ,	APPLICATION #: 17-50042093
Cou IF THE IN PERMIT depending	nty Health I NFORMATION OR AUTHORIZ Supon documents 910-893-7525 Ironmental H All property lines must be Place "orange out buildings, Place orange out buildings, Place orange of property is to evaluation to the All lots to be for failure to After preparing 300 (after selection in Use Click2Gov Ironmental Health ON NOT LEAVI After uncovering function at end or	*This application to be filled out when applying for a septic system inspection.* Department Application for Improvement Permit and/or Authorization to Construct IN THIS APPLICATION IS FALSIFIED, CHANGED, OR THE SITE IS ALTERED, THEN THE IMPROVEMENT ATION TO CONSTRUCT SHALL BECOME INVALID. The permit is valid for either 60 months or without expiration ation submitted. (Complete site plan = 60 months; Complete plat = without expiration) CONFIRMATION # CONSTRUCT SHALL BECOME INVALID. The permit is valid for either 60 months or without expiration ation submitted. (Complete site plan = 60 months; Complete plat = without expiration of option I CONFIRMATION # CO
SEPTIC If applyin	g for authorizati	ion to construct please indicate desired system type(s): can be ranked in order of preference, must choose one.
{_}} Acc	cepted	{} Innovative {} Conventional {} Any
RECORDERATE OF THE PARTY		{}} Other
The applic question.	eant shall notify If the answer is	y the local health department upon submittal of this application if any of the following apply to the property in s "yes", applicant MUST ATTACH SUPPORTING DOCUMENTATION:
}YES	{}} NO	Does the site contain any Jurisdictional Wetlands?
}YES	{_}} NO	Do you plan to have an <u>irrigation system</u> now or in the future?
}YES	{}} NO	Does or will the building contain any drains? Please explain
}YES	[] NO	Are there any existing wells, springs, waterlines or Wastewater Systems on this property?
}YES	{_}} NO	Is any wastewater going to be generated on the site other than domestic sewage?
}YES	{} NO	Is the site subject to approval by any other Public Agency?
}YES	{_}} NO	Are there any Easements or Right of Ways on this property?
}YES	{_}} NO	Does the site contain any existing water, cable, phone or underground electric lines?
	WARRY - 1999 - 1998	If yes please call No Cuts at 800-632-4949 to locate the lines. This is a free service.

I Have Read This Application And Certify That The Information Provided Herein Is True, Complete And Correct. Authorized County And State Officials Are Granted Right Of Entry To Conduct Necessary Inspections To Determine Compliance With Applicable Laws And Rules. I Understand That I Am Solely Responsible For The Proper Identification And Labeling Of All Property Lines And Corners And Making

The Site Accessible So That A Complete Site Evaluation Can Be Performed.

PROPERTY OWNERS OR OWNERS LEGAL REPRESENTATIVE SIGNATURE (REQUIRED)